



TRANSMITTAL FORM

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Total Number of Pages in This Submission

8

Application Number

10/719,072

Filing Date

November 21, 2003

First Named Inventor

Mali GONG

Art Unit

2828

Examiner Name

Ernest Unelus

Attorney Docket Number

62888.00001

ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☒ Return Postcard

☒ Amendment / Response

☐ Amendment After Final

☐ Declaration of Inventor(s)

☐ Extension of Time Request

☐ Request for Continued Examination

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/ Incomplete Application

☐ Reply to Missing Parts under 37 CFR1.52 or 1.53

☐ Drawing(s)

☐ PTO SB/08a

☐ PTO SB/08b

☐ Issue Fee Transmittal (PTO-85b)

☐ New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ Power of Attorney

☐ Affidavit

Remarks

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Status Request

☒ The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose.

☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

Squire, Sanders & Dempsey L.L.P.
600 Hansen Way, Palo Alto, CA 94304-1043

Signature

Printed Name

Aaron Wininger

Date

May 5, 2006

Reg.
No.

45,229

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Ines Francetic

Date

May 5, 2006

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PATENT
Attorney Docket No.: 62888.00001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Mali Gong et al.	Examiner: Ernest Unelus
Serial No.: 10/719,072	Art Unit: 2828
Filed: November 21, 2003	
Title: Corner-Pumping Method and Gain Module for Solid State Laser Slab	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action dated February 13, 2006, please amend the above-identified application as follows: